

DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS OF TREATMENT OF MITOCHONDRIAL DISORDERS, the specification of which

_____ is attached hereto.
 X was filed on July 13, 2001 (Attorney Docket No. UCSD1140-1)
as U.S. Application Serial No. 09/889,251
and was amended on _____
if applicable (the "Application").

I hereby authorize and request insertion of the application serial number of the Application when officially known.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

With respect to the Application, I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

<u>60/121,588</u>	<u>February 23, 1999</u>
(Application Serial No.)	(Filing Date)

09889251-10101

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
<u>US</u>	<u>PCT/US00/04663</u>	<u>February 23, 2000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00
Full name of first inventor: Robert K. Naviaux

Inventor's signature: R. K. Naviaux

Date: 9/28/01

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PATENT
ATTORNEY DOCKET NO. UCSD1140-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert K. Naviaux Art Unit: Unassigned
Serial No.: Examiner Unassigned
Filed: July 13, 2001
Title: METHODS OF TREATMENT OF MITOCHONDRIAL DISORDERS

Commissioner for Patents
Washington, D.C. 20231

POWER OF ATTORNEY BY ASSIGNEE

As a below-named assignee of the above-identified application ("Application"):

I hereby appoint the following attorneys of the assignee to prosecute the Application and to transact all business in the United States Patent and Trademark Office connected therewith:

Customer Number 28213

I hereby authorize and request insertion of the application number of the Application when officially known.

Direct all telephone calls to:

LISA A. HAILE, PH.D.
Telephone: (858) 677-1456

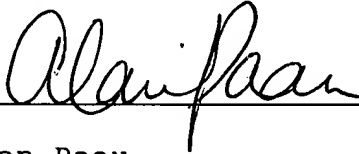
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
UCSD1140-1
Page Two

Address all correspondence to:

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
a University of the State of California

By: _____



Name: Dr. Alan Paau

Title: Director, UCSD Technology Transfer

Date: 9/17/01

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